

Theft of vehicle or accessories claim form



0800 252 461 | claims.team@crombielockwood.co.nz

This form collects personal information about you so we can consider your claim and update your insurances. It will be held by Crombie Lockwood (NZ) Limited and the underwriter who receives your claim. You may request access to, and correction of, this information subject to the provisions of the Privacy Act 1993. The collection of this information by Crombie Lockwood (NZ) Limited is required under the terms of your insurance policy. Failure to provide this information may result in your claim being declined.

PERSONAL DETAILS

Insured name: _____ Date of birth: _____

Contact person: _____
If Trust, Company or Body Corporate

Email: _____ Contact's phone number: _____

Address: _____

Policy reference client number: _____

Preferred method of contact: _____

Crombie Lockwood Branch you are insured through: _____

LOSS DETAILS

1. Particulars of Vehicle: _____

Year: _____ Make: _____ Wof Exp: _____

Model: _____ Reg. No: _____ Reg. Exp: _____

Finance details: _____

2. When stolen: _____ Time: _____ am / pm Date: _____

3. Has the vehicle / accessories been recovered: Yes No Where: _____ By whom: _____

4. Is the vehicle mobile? If 'no' state where it is: Yes No Where: _____

5. What damage is there to the vehicle:
See question 27 for accessories

6. Has the vehicle or its engine been modified since manufacture? If 'yes' give details: Yes No

7. Details of existing defects or damage: _____

Engine: _____ Interior: _____

Body work: _____ Tyres: _____

8. Who usually services your vehicle: _____

Name: _____ Phone: _____

Date last serviced: _____

9. Who parked the vehicle prior to the theft: _____

Name: _____ Date of birth _____

Address: _____ Phone: _____

10. Where was the vehicle parked: Address:

Garage / Carport Parking area Driveway Roadside Other:

11. Why was the vehicle left there:

12. When did you last see the vehicle: Time: am / pm Date:

13. When did you know the theft had occurred: Time: am / pm Date:

14. Was the vehicle fully locked and secure? Yes No
If 'no' state give details:

15. How many sets of keys were there for the vehicle: 1 2 3 4 5 or more, please give exact number:

16. Where were each set of keys when the theft occurred:

17. Was the loss reported to the Police: Yes No

Police station: When reported:

By whom: Police file no:

If you answer "Yes" for any questions (18 to 26) please give full details **If yes - details:**

18. Have you any idea who the offender was? Yes No

19. Is there any other insurance on the vehicle or accessories? Yes No

20. Are you behind in your Finance / Hire purchase payments? Yes No

21. Have you any indication how entry was gained? Yes No

22. Since owning this vehicle have you had it insured with any other insurance company? Yes No

23. Have you been trying to sell the vehicle or accessories? Yes No

24. Have you had any motor vehicle accidents or losses in the last 5 years? Yes No

25. Have you had any traffic or criminal convictions in the last 5 years? Yes No

26. Have you any other information relevant to this claim Yes No

STOLEN VEHICLE ACCESSORIES

27. Please list details of the items below:

Item	Make & Model	Serial No.	Purchased from:	Age:	Present purchase price

Please attach receipts, guarantees or other documents which support ownership or value, as well as any quotation that may support your claim.

FURTHER INFORMATION OR COMMENTS

DECLARATION

I declare that to the best of my knowledge the details given in this claim form are true.

I undertake to render all possible assistance in connection with this claim.

I agree that Crombie Lockwood (NZ) Limited and the insurance company (and/or their agent) with whom I am insured may give to or obtain from appropriate individuals or organisations information relevant to this claim.

I agree that the insurance company with whom I am insured may give to or obtain from ICR details of information relevant to this claim. (The Insurance Claims Register Ltd (ICR) holds details of claims under policies issued by participating insurers. Participating insurers can check details of your claims history at ICR.)

Note: Failure to provide correct and complete information could result in your claim not being accepted by the insurance company.

I have read and I understand the above Declaration

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Signature of Insured:
(person completing this form)

Signature of Driver:

Date:

Date:

DIRECT CREDIT DETAILS

Bank Branch Number

Account Number

Suffix

Account Name:

CROMBIE LOCKWOOD CLAIMS CONTACT

Claim Handler: **Claims Team**

Phone Number: **0800 252 461**

Email: claims.team@crombielockwood.co.nz